1		STANDARD			F DEATH	C4.a	te File No	132	276
FILED MAY 4	1953	_ REG. DIST. NO			. DIST. NO. <u>#</u>			_	3
1. PLACE OF DEA	TH one			2. USUAL a. STATE	RESIDENCE Missouri		OUNTY	itution: re	nicience before admission).
b. CITY (If outside corporate limits, write RURAL and give township) STAY (in this place)				c. CITY (if outside corporate limits, write RURAL and give township)					
d. FULL NAME OF (If not in bospital or institution, give street address or location) HOSPITAL OR INSTITUTION Centralia, Missouri				d. STREET (If rural, give location)					
3. NAME OF DECEASED	a. (First)	b. (Mic		c. (Le	-	4. DATE OF	(Month)	(Day)	(Year)
(Type or Print)	Robert		96	Jenr	ings	DEATH	April	27	1953
5. SEX O 6.	White	7. MARRIED, NEVER WIDOWED, DIVOR Marr		3-24-1		last birthda	Months	Days H	OUT Min.
10a. USUAL OCCUPATIO	ng life, even if retired)	10b. KIND OF BUSI	NESS OR IN- DUSTRY	11. BIRTHPLA	ce (City and St. Falia, Mi	ite or Foreign C	ountry)	COUNT	ENOFWHAT RY? S. A.
Sa. FATHER'S NAME	LABORE		R'S MAIDEN			ME OF HUSB	AND OR WIFE		<u> </u>
William F.	Jennings	Net	cev E.	Keeler	Per	melia I	radell J	Jenni	ngs
15. WAS DECEASED EVE (Yes, no. or unknown) (If	R IN U.S. ARMED I	FORCES? 16. SOCIAL	SECURITY NO.	17. INFOR	MANT'S SIGN	ATURE OR	NAME	A	DDRESS
No		486-18		ERTIFICAT	ra Robert	I. Jenn	ings	Cent	ralia. AL BETWEEN
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CO		Coro	hany_	Occhus	ion_	· · · · · · · · · · · · · · · · · · ·		AND DEATH
*This does not mean the mode of dying, such as heart failure, authenia, etc. It means the dis-	ANTECEDENT CA Morbid conditions rise to the above of the underlying cau	s, if any, gising DUE TO ruse (a) stating use last.		enio se	lerosis			2	syrs.
ease, injury, or complica- tion which caused death.	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					·	<u> </u>		
19a. DATE OF OPERA- TION	·	DINGS OF OPERATION			2.00	42	01	20. AU1	TOPSY?
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY bome, farm, factory, street,		21c. (CITY, To	own, or townsh	B.	(COUNTY)	ر الا	ETATE)
21d. TIME (Month) OF INJURY	(Day) (Year) (Hour) 21e. INJURY WHILE AT WORK	OCCURRED NOT WHILE	21f. HOW DIE	INJURY OCCURT	<u> </u>	• • • •		
22. I hereby certify alive on Q	that I attended t	he deceased from _ 3, and that death	ager.	, 19 <u>51</u> ,		•	, that I las		e deceased
23s. SIGNATURE	mon		egree or title)	23b. ADDRES		is n	20.		TE SIGNED
24a. BURIAN. CREMA TION, REMOVAL (Break) BURIA1	0	<u>-</u>		Y OR CREMAT		ATION (City,	town, or coun		(State)
DATE REC'D BY LOCAL REG	٠.١ هـ	SIGNATURE -	t ral la (, .3/2 , .de ()	Kill	PI REPTO	A SOUTH	1 - LAD	is !	Meseni
mpra a 1-19	as rejain	/(Licensed	Embelmer's	itatement on R	Side)		10		7
				-					

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the	reverse side of this certificate was empained by me, or by
	Student Embalmer No
working under my personal supervision.	Signed Bill To Master
Shudanë	Signed Juli o / Kador

Student Embalmer

Licensed Embalmer No. 4876

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

· If this-body is not embalmed, fact should be so, stated above.